

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST	(1) po o,				
NAME (Last)	(First)	(Middle)	TELEPHONE		
Tam	Sharene	A.S.	689-7772		
MAILING ADDRESS (Street)	FAX				
91-1001 Kaimalie Stree	689-5757				
(City)	(State)	(Zip Code)			
Ewa Beach	Hawaii		96706-6250		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE		
Haseko (Hawaii), Inc.	689-7772				
MAILING ADDRESS (Street)			FAX		
91-1001 Kaimalie Stree	689-5757				
(City)	(State)		(Zip Code)		
Ewa Beach	Hawaii		96706-6250		

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU L	TELEPHONE		
Haseko (Ewa), Inc.	689-7772		
MAILING ADDRESS (Street)	FAX		
91-1001 Kaimalie Street,	689-5757		
(City)	(State)	(Zip Code)	
Ewa Beach	Hawaii	96706-6250	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Nancy Maeda	689-7772		
MAILING ADDRESS (Street)		FAX	
91-1001 Kaimalie Street,	689-5757		
(City)	(State)	(Zip Code)	
Ewa Beach	Hawaii	96706-6250	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
	N OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
Harn Marz Sim			9/5/06		
(Signature of Lobbyist)			(Date)		
PART V AUTHORIZATION TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Tsutomu Sagawa	Executive Vice President				
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
Haseko (Hawaii), Inc.			689-7772		
MAILING ADDRESS (Street)			FAX		
91-1001 Kaimalie Street, Suite 205			689-5757		
(City)	(State)		(Zip Code)		
Honolulu	Hawaii		96706-6250		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the unders igned.					
	1		9/5/06		
(Signature of Authorizing Officer or Person Represented)		esented)	(Date)		